

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Bankers Association PAC (BankPac)

Full Name (Last, First, Middle Initial)

A. Rely on Your Beliefs Fund

Mailing Address P.O. Box 17

City
Stafford

State
MO

Zip Code
65757

Purpose of Disbursement
Contr. Rely on Your Beliefs Fund (MO-O)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D10396

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Richard Pombo for Congress

Mailing Address 28375 South Chrisman Road

City
Tracy

State
CA

Zip Code
95304

Purpose of Disbursement
Contr. Richard W. Pombo (CA-11-R)

Candidate Name
Richard W. Pombo

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: D10387

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Richard Pombo for Congress

Mailing Address 28375 South Chrisman Road

City
Tracy

State
CA

Zip Code
95304

Purpose of Disbursement
Contr. Richard W. Pombo (CA-11-R)

Candidate Name
Richard W. Pombo

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: D10388

Date of Disbursement

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)